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REQUEST

The undersigned requests that the present

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International Application	n No.
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international application be processed according to the Patent Cooperation Treaty.	Name of receiving Office and "PCT International Application"	
	Applicant's or agent's file reference (if desired) (12 characters maximum) 861-16-088PC	
BOX NO. I TITLE OF INVENTION BIOMACROMOLECULE POLYMER CONJUC	SATES	
Box No. II APPLICANT This per	son is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. 510-587-6018		
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA Facsimile No.		
Office of Technology Transfer	Til	
1111 Franklin Street, 5th Floor	Teleprinter No.	
Oakland, California 94607-5200 US	Andianatania in National and	
03	Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence:	
This person is applicant for the purposes of: all designated States all designated the United	ated States except I States of America I States of America I States of America only I States of America only I States of America only	
Box No. III FURTHER APPLICANT(S) AND/OR (FUR	THER) INVENTOR(S)	
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MAYNARD, Heather D.	applicant only	
510 Washington Avenue, Unit C applicant and inventor		
Santa Monica, California 90403	inventor only (If this check-box is marked, do not fill in below.)	
US		
	Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence:	
This person is applicant for the purposes of: All designated lall designated states all designated the United	ated States except the United States the States indicated in the States of America only the Supplemental Box	
Further applicants and/or (further) inventors are indicated		
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE		
The person identified below is hereby/has been appointed to ac of the applicant(s) before the competent International Authorities	t on behalf es as: common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Telephone No. (805) 373-0060		
RAIVI, MICHAEL J.		
KOPPEL, Richard S.	(805) 373-0051	
KOPPEL, JACOBS, PATRICK & HEYBL	Teleprinter No.	
555 St. Charles Drive, Suite 107		
Thousand Oaks, California 91360 US	Agent's registration No. with the Office	
	Reg. No. 26,379	
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.		

Continuation of Box No. III URTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this sheet should not be included in the request.			
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State (that is, country) of nationality:	State (that is, country)	of residence:	
This person is applicant for the purposes of: All designated the United States	States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal enti The address must include postal code and name of country. The country of th Box is the applicant's State (that is, country) of residence if no State of residence	a adduses in diseased to it.	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
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This person is applicant for the purposes of: all designated the United States all designated the United States		the United States the States indicated in the Supplemental Box	
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The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the internation filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patent However.			
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CLAIM			
g earlier application(s) is here!	by claimed:		
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of earlier application	national application:	regional application:*	international application receiving Office
60/511,752	US		receiving Office
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The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only is above as:			
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* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):			
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rlier search; reference to th	at search (if an earlier sec	arch has been carried out	by or requested from the
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ue in the right column the humb	ber of each type of declarati	plicable tion):	Number of declarations
Declaration as to the identity	of the inventor		:
Declaration as to the applica date, to apply for and be gra	ant's entitlement, as at the	international filing	•
Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the interpolicant Stine			:
Box No. VIII (iv) Declaration of inventorship (only for the numbers of the designation of the			:
Declaration as to non-prejud	licial disclosures or except	tions to lack of novelty	:
Te 1 : C Ver-C 8	rid Institutes under Rule 4.9(a), the every kind of protection available very kind of protection and is not designated for any kind on is in these and certain other States are indicated in the Supplemental of earlier application in the states of the World Trade Organization as an ARIPO application, in the Authority chosen; the two-certain of the World Trade Organization as to the foreity): Number of the World Trade Organization as to the application as to the application, the right column the number of the right column the number of the right column the protection of the prote	Institutes under Rule 4.9(a), the designation of all Contevery kind of protection available and, where applicable every kind of protection available and, where applicable every kind of protection as is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national applications on these and certain other States.) CLAIM gearlier application(s) is hereby claimed: Number of earlier application national application antional application of with the off with the Office which for the purposes of this international state with the Office which for the purposes of this international on is an ARIPO application, indicate at least one country fember of the World Trade Organization for which that expendent of the World Trade Organization for which that expendent of the World Trade Organization for which that expendent in the Authority chosen; the two-letter code may be used: **TONAL SEARCHING AUTHORITY** **TIELEM SEARCHING AUTHORITY* **TIELEM SEARCHING AUTHORITY* **Included In Boxes Nos. VIII (i) to (v) (mark the application the right column the number of each type of declaration as to the identity of the interlement, as at the date, to apply for and be granted a patent Declaration as to the applicant's entitlement, as at the date, to claim the priority of the earlier application Declaration of inventorship (only for the purposes of the United States of America)	rid. astitutes under Rule 4.9(a), the designation of all Contracting States bound by the every kind of protection available and, where applicable, for the grant of both regional of protection available and, where applicable, for the grant of both regional of protection as is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on is not designated for any kind of national protection on a certain other States.) CLAIM gearlier application is hereby claimed: Number of earlier application national application:

	Sheet No	·
Box No. IX CHECK LIST, .NGUAGE	OF FILING	
This international application contains: (a) in paper form, the following number of sheets:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
request (including declaration sheets) : 4	1. fee calculation sheet	:
declaration sheets) : 4 description (excluding	2. original separate power of attorney	:
sequence listing and/or	3. original general power of attorney	:
tables related thereto) : 11	4. copy of general power of attorney; reference number, if any:	
claims : 2 abstract : 1	5. statement explaining lack of signature	:
drawings : 2	6. priority document(s) identified in Box No. VI as	:
Sub-total number of sheets: 20	nem(s):	:
sequence listing :	7. Translation of international application into (language):	
tables related thereto :	8. separate initializations concerning deposited microorganism	:
(for both, actual number of sheets if filed in paper form	or other biological material	•
sheets if filed in paper form, whether or not also filed in computer readable form;	9. sequence listing in computer readable form (indicate type and number of carriers)	•
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(b) only in computer readable form (Section 801(a)(i))	(ii) (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for th purposes of international search under Rule 13ter	e
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Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are	(ii) (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the	:
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additional copies to be indicated under	copies with the tables mentioned in left column 11. other (specify):	:
items 9(ii) and/or 10(ii), in right column)	11. other (specify):	:
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English	
Box No. X SIGNATURE OF APPLICANT	T ACENT OR COMMON PERPENSION	
Next to each signature, indicate the name of the person sig	ring and the capacity in which the person signs (if such capacity is not obvious from reading	g the request).
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Date of actual receipt of the purported international application:	2. Draw	vings:
Corrected date of actual receipt due to later be timely received papers or drawings completing the purported international application:)))†	eived:
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PCT

FEE CALCULATION SHEET Annex to the Request

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nternational Application No.			
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Annex to the Request				
Applicant's or agent's file reference 861-16-088PC	Date stamp of the receiving Office			
Applicant THE REGENTS OF THE UNIVERSITY OF CALIFORNIA				
CALCULATION OF PRESCRIBED FEES				
1. TRANSMITTAL FEE	300 T			
2. SEARCH FEE	to carry out the			
3. INTERNATIONAL FILING FEE	ii l			
Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets				
i1 first 30 sheets	1134 ii			
number of sheets in excess of 30 x 12 =	0 i2			
additional component (only if sequence listing and/or tables rethereto are filed in computer readable form under Section 801 or both in that form and on paper, under Section 801(a)(ii)):	elated (a)(i),			
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Add amounts entered at i1, i2 and i3 and enter total at I	1134 🗉			
(Applicants from certain States are entitled to a reduction of 75 international filing fee. Where the applicant is (or all applicant entitled, the total to be entered at I is 25% of the international filing.	ts are) so			
4. FEE FOR PRIORITY DOCUMENT (if applicable)	20 P			
5. TOTAL FEES PAYABLE	3374 TOTAL			
MODE OF DAVIDENT				
MODE OF PAYMENT authorization to charge postal money order	ash coupons			
deposit account (see below) bank draft				
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCO				
	Deposit Account No.: 11-1580			
Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit according to the conditions for deposit acco	7 October 2004			
of the receiving Office so permit) Authorization to charge any deficie or credit any overpayment in the total fees indicated above.	unis			
Authorization to charge the fee for priority document.	Signature: Chael			
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